



Financial Aid Appeal Form



Fall	Spring	Summer	Year 20 ____
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_____	_____	____	G00_____	_____
Last Name	First Name	MI		Student ID
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Street	City	ST	Zip	Phone Number

REASON(S) FOR PETITION (CHECK AND COMPLETE ALL THAT APPLY)

EXCESSIVE ATTEMPTED UNITS (90 OR MORE) AS OF _____ SEMESTER

FINANCIAL AID DISQUALIFIED AS OF START OF _____ SEMESTER

RECEIVED AA/AS OR HIGHER DEGREE

I PLAN TO GRADUATE OR TRANSFER FROM A SMCCCD COLLEGE AS OF: Month _____ Year _____

MY GOAL IS TO COMPLETE: Certificate AA/AS Degree Transfer/BA Degree

MY MAJOR AREA OF STUDY IS: _____

Complete this form if you wish to appeal your financial aid status for the school year. Once completed, submit this form to the Financial Aid Office at your District College. Documentation must be included (i.e. illness, family emergency, etc.) with this petition, if that is the basis for requesting an exception. Failure to include appropriate documentation will result in your appeal being denied.

You (the student) must complete items 1 and 2 on the back of this form.

A current Student Educational Plan (SEP) must be included with your petition. Make an appointment with a counselor to complete your SEP.

After meeting with a counselor, submit your completed Appeal Form and SEP to the Financial Aid Office on your campus. Check the web site for current office hours.

Please note that if your appeal is approved, you are considered to be on "Probationary" status and are required to meet continued Satisfactory Academic Progress (SAP) standards. You may be required to appeal for following terms if your overall/cumulative GPA and pace rate do not meet the SAP standards as listed in the Financial Aid Handbook (available on line),

IMPORTANT: This document will be scanned into your Financial Aid File.
If completing this form by hand please use black or dark blue ink.

1) REASON FOR EXCEPTION(S): Describe any circumstances you believe should be considered in reviewing your petition for reinstatement or continuation of Financial Aid. Be as specific as you can giving dates and times, if relevant. (ATTACH A SEPARATE SHEET IF NECESSARY)

2) PLAN FOR RESOLVING EXCEPTION(S): Describe how you intend to resolve the circumstance(s) as it relates to successfully completing your studies at SMCCCD. Be as specific as you can in terms of tutoring, childcare, reductions in work schedule, change in major or other factors that may have affected your ability to complete your classes. (ATTACH A SEPARATE SHEET IF NECESSARY)

STUDENT SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

_____ TERM _____ YEAR

APPEAL RESULTS: _____ APPROVED _____ DENIED _____ PENDING

COMMENTS:

SIGNATURE: _____ DATE: _____